

## **Partners in Outreach and Advocacy: Interdisciplinary Opportunities in University-Based Legal Clinics**

***Katherine C. Pearson, Lucy Johnston-Walsh***

### **Abstract**

The Dickinson School of Law of the Pennsylvania State University offers several specialized in-house legal clinics. This article focuses on the outreach services of the Elder Law and Consumer Protection Clinic and the Children's Advocacy Clinic. These programs provide opportunities for law students to obtain practical experience in a thoughtful and reflective environment and engage the students in community outreach and public policy advocacy. This article reviews the development of the two clinical programs as vital components of an engaged university and further suggests how interdisciplinary collaboration helps to guide their growth.

### **Introduction**

College and university educators frequently encounter public demands for accountability, and the *Journal of Higher Education Outreach and Engagement* serves an important function by identifying ways in which higher education is responding through innovative programming, attention to student learning, and recognition of the need for specific knowledge and skills, as well as commitment to service (Byrne 2006). Legal educators face similar calls for what lawyers often call “relevance,” a term used both in the courtroom and in evidence classes to describe key relationships or connections. With this article, the authors seek to demonstrate a particular search for greater relevance that is currently under way in many university-based legal clinics. In doing so, we hope to foster stronger educational partnerships.

Live-client clinics were once viewed as an experimental departure from a century-long tradition of legal studies focusing on classroom analysis of appellate decisions, sometimes called the Langdellian or case study method. Clinics provide students with hands-on opportunities to apply historical precedents and test theories first encountered in the classroom, and by the mid to late 1990s law school clinics had become recognized as established pedagogical tools (Langdell 1871; Barnhizer 1990; Scarneccia 1998). The growth of clinical education is in large part a response to the

call of the legal profession for a stronger educational connection between theory and practice (*ABA MacCrate Report 1992*). At the same time, law schools recognize a need for graduates who are more than “just” lawyers. Law school clinics can be a means to stimulate a more thoughtful citizenry, one that recognizes early the importance of active service to vulnerable members of society (*Genty 2000*).

Clinical education in law schools should be seen as a vital component of the modern movement to promote an engaged university, where theory connects to application and expertise is brought to bear to solve societal problems. In medical education, a similar movement was inspired by Abraham Flexner in 1910 in his report to the Carnegie Foundation, *Medical Education in the United States and Canada*, wherein he advocated for clinical teaching models, a methodology pioneered by Johns Hopkins Medical School (*Costonis 1993*). More recently, the Kellogg Commission drew attention to the broader ambit of higher education (*Kellogg Commission 1999*) with language that often tracks the concerns of the earlier Carnegie and MacCrate studies.

While law school clinics vary in structure, they can be separated into two primary models: (a) faculty-supervised, in-house clinics and (b) external clinics, where students spend portions of their week away from the law school, working under the supervision of practicing attorneys with periodic review by a law school faculty member or administrator (*Barry, Dubin, and Joy 2000*). Either model can promote synthesis between theoretical studies and application. However, the in-house model is often able to embrace a university-supported outreach mission of assistance to individuals who are impoverished or isolated by geography or circumstances. Thus legal clinics, and especially in-house clinics, can be a modern face for university “outreach,” especially by land-grant institutions with a strong history of community service and community education (*Spanier 2004*).

In Pennsylvania, as in most states, students who have completed a designated period of classroom work are eligible for court certification as “legal interns” and are permitted to represent clients under the supervision of licensed attorneys. The Dickinson School of Law (“Dickinson”) has offered in-house clinics for students in their second and third years of law school for more than twenty-five years, including a Family Law Clinic and a Disability Law Clinic. In 2000, Dickinson, a stand-alone private law school for more than 150 years of its existence, merged with Penn State, and the Penn State–Dickinson merger provides enriched opportunities

for both students and faculty to engage broadly in research, scholarship, and public service, which in turn has opened new doors for clinical education at Penn State–Dickinson.

The Elder Law and Consumer Protection Clinic and the Children’s Advocacy Clinic are two additions since the merger, offering students expanded practice opportunities through representation of the oldest and youngest members of the state on pressing legal issues. At the same time these two clinics add another component to their educational goals by recognizing a larger mission: to engage students in public policy debates and, where appropriate, advocacy for legislative or administrative change (*Askin 1999*). As will be demonstrated in this article, each of these clinics takes an interdisciplinary approach to problem solving, both on an individual client level and when identifying public issues (*Trubek and Farnham 2000*). In turn, clinics such as these provide faculty members with exciting, meaningful, and satisfying opportunities to combine traditional academic scholarship with cutting-edge advocacy (*Tokarz 2003*).

### Elder Law and Consumer Protection Clinic: Blending Client Services with Public Advocacy on Long-Term Care Issues

In 2001, Penn State–Dickinson used outside funding from two sources, a statewide program known as Interest on Lawyers’ Trust Accounts (IOLTA) and a grant from a regional social services agency for older adults, to establish a new clinic under the direction of a tenured faculty member. While Professor Katherine Pearson’s background included supervisory roles in clinical programs, the impetus to establish an in-house “elder law” clinic arose from her classroom teaching of elder law courses. In essence, the public’s “in-reach” to the university, seeking expertise to address the needs of older adults, sparked the flame for this new clinical venture.

Title III of the Older Americans Act of 1965 (42 U.S.C. § 3001 et seq.) provided a key ingredient for development of the Elder Law Clinic by making funds available to communities for provision of legal services to the elderly. Title III funds are available for five-year terms, an important factor for outreach initiatives (*Spanier 2004*), which are sometimes criticized as cost-inefficient if entirely dependent on hard funding by the university. The Dauphin County Area Agency on Aging (DCAA) invited bids by Penn State–Dickinson and other potential providers and awarded a Title III grant to the law school for development of its Elder Law Clinic in 2001.

The immediate collaboration between law students and DCAAA's experienced social workers proved to be as important as the seed funding to the success of the clinic. First, the location, Dauphin County (in the center of the state and home of the state's capital city), provides a realistic window onto the "aging of society," a phenomenon that affects policy choices at local, state, national, and even global levels (*Meenan 2005*). More than 14 percent of Dauphin County's residents are age 65 or older (with an additional 23 percent falling into the boomer generation that will soon swell the ranks of older adults in the region). Second, DCAAA's partnership with the law school builds on the fact that a social worker is frequently the first person to recognize the need for legal assistance in problem solving.

An express requirement for the Title III funding is round-the-clock availability of legal representation for older adults on issues of emergency protection. Mrs. W's case, one of the first cases to "barge through" the door, almost literally, demonstrates the value of an interdisciplinary, community partnership. Mrs. W was a widowed, immigrant housewife. After her husband's death she was forced to downsize, moving into a small townhouse in an isolated development. She had no immediate family in the United States except for an adult son, who offered to live with her and promised to help with expenses. Rather quickly their relationship deteriorated as the son lost his job because of erratic behavior connected to alcohol abuse, forcing Mrs. W to ask him to leave the house. The police called DCAAA's hotline for emergency protective services on the night the son broke down the front door to the townhouse and threatened Mrs. W before escaping into the darkness. The same night clinic student John S (and a faculty member) met Mrs. W and learned that despite her fear of the son's return, she was unwilling to leave her home unattended and vulnerable to the son's actions. Using hammer and nails, John S replaced and braced the front door, but it took the combined efforts of the student and an experienced DCAAA caseworker to assist Mrs. W in recognizing the need to seek shelter and an immediate court order of "Protection from Abuse." A trusting relationship was formed that night between the reluctant client, the law student, and the caseworker. This partner-

---

*"The immediate collaboration between law students and DCAAA's experienced social workers proved to be as important as the seed funding to the success of the clinic"*

---

ship carried over to the courthouse, as the experienced caseworker helped the clinic student prepare for the hearing, and together these men supported Mrs. W as she testified in open court about her son's threatening behavior.

Some may question the clinical student's temporary role as carpenter, arguing that such actions are outside the appropriate role of lawyer (*Chavkin 1997*). One important clinic moment is the post-case debrief or reflection time, where students and supervisors reconsider the course of the case. Clinic student John S, who went on to a career in the Marines as an attorney in the Judge Advocate General's (JAG) office, had an important opportunity to consider and reflect on his alternatives that night. He concluded that lending a helping hand was as important that night as his empathetic ear; he appreciated being able to combine practical help with effective legal assistance (*Genty 2000*).

Each semester, students such as John S are encouraged to speak and write about their clinical experiences, and to reflect on supervision and team approaches. One of the most often repeated themes is appreciation for the experienced social workers' ability to fashion practical solutions for older clients, independent of the law (*Trubek and Farnham 2000*). In an interesting parallel, practitioners specializing in "elder law" increasingly employ former social workers as case managers in their law offices, thus suggesting long-term applications for this clinical team approach. The elder law firm of Marshall & Associates in Pennsylvania specifically advertises a team approach of using "lawyers and social workers to aid and assist seniors."

The clinic has adopted the social service agency's model for initial interviews by routinely meeting the older clients, especially the frail elderly, in their homes, rather than asking them to travel to a distant law office. The opportunity for lawyers-to-be to see older clients in their homes provides important contextual information, helping them identify subtle legal issues and often complex underlying social or family concerns (*Golick and Lessem 2004*). As Crystal Stryker, a former student, observed in reflecting on her Elder Law Clinic experiences, "If a picture is worth a thousand words, a home visit is worth a novella."<sup>1</sup>

The Elder Law Clinic's initial partnership with the Dauphin County Area Agency on Aging provided a solid base for growth. Following its first year in 2001–2002 of assisting 20 Dauphin County clients, the clinic expanded to represent more than 340 clients drawn from a multicounty region. At the same time, the

identity of the Elder Law Clinic evolved into the Elder Law and Consumer Protection Clinic, in recognition of the large number of client concerns tied to insurance coverage, consumer credit, home repairs, home mortgages, and housing issues. A unique approach to this clinic's growth is the integration of outside legal professionals as "visiting" attorneys. While in-house clinics often have a single theme or a relatively narrow legal focus, thereby permitting full-time faculty members to utilize their own practice backgrounds as supervisors, Penn State–Dickinson's Elder Law and Consumer Protection Clinic also uses IOLTA funding to employ practitioners as visiting clinical professors on a modest hourly fee, from four to twenty hours per week as needed, including experts in bankruptcy law, domestic relations law, and consumer protection litigation.

---

*"The clinic is now a hybrid of in-house and external models, integrating traditional faculty's emphasis on legal analysis with the practitioner's pragmatic concern for clients and outcomes."*

---

in-house and external models, integrating traditional faculty's emphasis on legal analysis with the practitioner's pragmatic concern for clients and outcomes.

As the Elder Law Clinic's client base and experiences have expanded, the students and faculty have also identified the need for larger solutions. One client's story illustrates how a university-based clinic may be uniquely situated for such problem solving. Mrs. B came to the Elder Law Clinic because of a suit brought by her deceased husband's nursing home, seeking payments on top of Medicaid and more than \$300,000 in private payments. Mrs. B pointed to the contract that she had signed only as "agent" for her husband, questioning how she could have personal liability; in response the nursing home pointed to a contract clause that characterized any signer as a "responsible party" for payment. The clinic helped Mrs. B resolve her suit with the nursing home, but at age 94, Mrs. B urged the clinic to help others avoid similar situations, often emergencies, where a family member or friend feels pressured to sign admission documents without a clear understanding of his or her financial liability.

Drawing upon the factual history of Mrs. B's case and similar cases, Penn State–Dickinson students in Professor Pearson's Elder Law class (which is distinct from the clinic, but which provides complementary study opportunities) researched the law at the state and federal levels, discovering a conflict between nursing home practices and federal law that prohibited Medicaid-qualified nursing homes from conditioning admission on a third party's guarantee of payment of fees. At the same time, Mrs. B inspired research and "outreach" on the part of the faculty supervisor, including practitioner-focused articles and symposia, as well as more traditional scholarship in legal academic journals (*Pearson 2004*).

In 2004, a new partnership was formed when Pennsylvania legislator Frank Pistella, in his leadership role on the House Committee on Older Adult Services, invited Penn State–Dickinson students to draft legislation clarifying the role of third-party signers for nursing home care. House Bill 1554, which separates the role of "guarantor" from that of "agent," and which eliminates the confusing use of "responsible party" as a label on contracts for long-term care, was introduced in May 2005 and is currently pending before Pennsylvania's House of Representatives. At a press conference announcing the new bill, students joined the DCAA caseworkers on stage to read a letter of gratitude from Mrs. B, to explain the need for reform, and to describe the teamwork in drafting the bill.

The impact of Mrs. B's case has inspired clinical students and Elder Law class members at Penn State–Dickinson to look for new opportunities for public advocacy and law reform (*Askin 1999*). During the fall semester 2006, students were meeting with representatives of Continuing Care Retirement Communities (CCRCs) who have asked the students to examine the efficacy of existing regulations, and the university's business school expertise may be called upon to assist in analysis of the CCRC business model. The in-reach of this new community of older adults to the law school has already stimulated research and new scholarship by the supervising faculty (*Pearson 2006*).

Finally, the Elder Law and Consumer Protection Clinic continues a tradition of outreach by land-grant universities by providing educational information and programming to the public. The clinic offers teams of experienced students, working with faculty supervision, to speak at community centers for general education on current issues affecting the elderly and their families, such as "Uses and Abuses of Powers of Attorney," "Living Wills," and "Residents' Rights in Long-term Care."

## Children's Advocacy Clinic: Blending Client Services with Public Advocacy on Issues Affecting Children

The newest Penn State–Dickinson clinical endeavor is the Children's Advocacy Clinic, created in 2006 under the direction of Clinical Professor Lucy Johnston-Walsh, who has experience in the practice of law, as a social worker, and as a lobbyist. The Children's Advocacy Clinic receives court appointments to represent children in various civil actions, including dependency cases involving abuse or neglect, domestic violence cases, high-conflict custody cases, and contested adoptions. Additionally, students study legislative and policy issues that arise from the individual cases and work to draft solutions. Students are involved in every aspect of the legal representation from meeting their child client to drafting legal documents to appearing in court. The legal representation of children offers law students the opportunity to learn many of the skills fundamental to lawyering, as described in the MacCrate report. For example, practice in problem solving, factual investigation, communication, and counseling can all be offered through clinical experiences (*ABA MacCrate Report 1992*). While the clinical program may be highly specialized in an area of substantive law, the students learn skills that easily translate to other areas of legal practice or professional employment.

The children represented by the Children's Advocacy Clinic often have complex needs that are not exclusively legal in nature. Abused and neglected children may have serious medical or mental health problems. These children may also be experiencing problems in school or in the community. These issues offer unique opportunities for interdisciplinary collaboration both within the community and within the university. “Collaboration may be mutually beneficial to law schools and other academic programs, such as psychology . . .” (*Duquette 1997*). For example, Penn State–Dickinson students recently collaborated with faculty members from the university’s psychology department on a case. The law students sought assistance in interpreting a parent’s psychological report to evaluate how that parent’s mental illness could affect the care plan for a young child. Another example of collaboration is a child abuse case where the clinic’s student sought the assistance of a medical student to interpret medical findings related to abuse. The Children’s Advocacy Clinic also foresees the possibility of collaborating with the university’s graduate education program to help identify unique educational needs of a child client.

The complexity of one case required the student intern to obtain needed services for his client by reaching out to various

community organizations and then facilitating cooperation among them. Upon obtaining the necessary information from each community entity, including the court, school, and psychologist, the student was able to negotiate a proper settlement and avoid a court hearing. The child benefited from not having to testify in court. The skills the law student learned were not related to traditional courtroom advocacy but instead were the valuable tools of negotiation and interdisciplinary collaboration.

The possibility for collaborative work between lawyers and social workers has long been recognized (*Golick and Lessem 2004*). Due to the various social needs of the child clients, Professor Johnston-Walsh has persuaded Penn State–Dickinson to hire a social worker to work with students in the Child Advocacy Clinic. Effective advocacy for children often depends on a holistic approach to the child's needs, rather than a limited focus on legal issues. The regular presence of a skilled social worker, knowledgeable in community support programs available to at-risk youth, will improve the representation of children and enhance the student attorney's law school experience.

Select students in the Children's Advocacy Clinic specifically focus their work on study of policies and legislation that affect children. These policy-focused students participate in the case review meetings with the law students who are directly representing children in court. The policy students hear about the issues that are affecting children on a broader level and then discuss the policy and legislative implications. The policy students then work with government representatives from county, state, and federal levels to address common problems. The policy students recently developed a state youth summit to apprise legislators on various issues affecting children. This exemplifies a broad plan of outreach where a solution that emerges from an individual client's case can be applied to more children who are experiencing similar systemic difficulties.

By offering such clinical opportunities, the Children's Advocacy Clinic provides an environment where students learn practical legal skills, offer a valuable community service through university outreach, and affect broader policy issues to improve services to children statewide. In the competition for private and public support for higher education, efforts such as these are particularly important. "Despite all of the progress [in higher education], our institutions are still often unappreciated by the general public, legislators, and other constituents" (*Spanier 2004, 11*). Such clinics provide a public relations benefit to the university as well

as opportunities for students to carry the public interest ethic into their careers as lawyers, legislators, or governmental administrators or in other professional occupations.

In addition to Penn State–Dickinson’s postmerger development of in-house Children’s Advocacy and Elder Law Clinics and the law school’s long-standing support for its Family Law and Disability Law Clinics, the university supports student work on behalf of political refugees (Refugee Clinic), budding creative artists and athletes (Arts, Sports, and Entertainment Law Clinic), and public education on agricultural law (Agricultural Law Resource and Reference Center) and offers an array of external clinical placements.

### **Conclusion: Promoting Interdisciplinary Partnerships with Law School Clinics as Models for the Engaged University**

The history of the Penn State–Dickinson clinics demonstrates that in-house law school clinics can be building blocks for the engaged university, particularly if supported by specific steps. The university should

- welcome “in-reach” from the public, to support the creation and development of university-based clinics that address current and future community needs;
- encourage interdisciplinary student and faculty involvement of the university at large with law school clinics, to identify ways in which partners can work toward effective reform at the local, state, national, or international levels;
- publicize their law clinics’ efforts as components of an engaged university’s outreach to target communities; and
- celebrate clinical successes, particularly efforts involving students and faculty that help legislators, government officials, and the public to recognize the university’s commitment to linking educational theory with practical application.

While in-house clinics are now mainstream components of legal education, they can still encounter skepticism from more traditional academics. Law clinics sometimes have comparatively weak funding, and their faculty, particularly if nontenured, may be inadequately compensated, recognized, and protected (*Feldman 1985*). At the same time, some clinics experience community hostility (*Kuehn 2000*), and thus law school clinics must balance boldness in outreach with sensitivity for political tensions, both within

and without the university. Recognition by the university of the larger role for in-house legal clinics in the engagement mission can help to reduce these tensions (*Barnhizer 1990; Barry 2000*).

The Kellogg Commission on the Future of State and Land-Grant Universities provides an important opportunity for reflection on the role of higher education, including the role of legal education. The commission's 1999 report *Returning to Our Roots: The Engaged Institution* (*Kellogg Commission 1999*) encourages development of a fully engaged enterprise that is responsive to the needs of students, now and in the future, that involves students in practical opportunities to prepare for their own future roles in the world, and that puts knowledge and expertise to work on solving community problems (*Byrne 2006*). In many ways, in-house law school clinics can be seen as "Exhibit A" for the university seeking to promote a "forward-looking agenda of learning, discovery and engagement" (*Spanier 2004, 7*).

### Endnote

1. Personal communication, 3 January 2007.

### References

American Bar Association, Section of Legal Education and Admissions to the Bar. 1992. *Report of the Task Force on Law Schools and the Profession: Narrowing the gap*. <http://www.abanet.org/legaled/publications/online-pubs/maccrate.html>. Cited as the "ABA MacCrate Report 1992."

Askin, F. 1999. A law school where students don't just learn the law; They help make the law. *Rutgers Law Review* 51 (symposium): 855–74.

Barnhizer, D. 1990. The university ideal and clinical legal education. *New York Law School Law Review* 35 (1): 87–130.

Barry, M. M., J. C. Dubin, and P. A. Joy. 2000. Clinical education for this millennium: The third wave. *Clinical Law Review* 7 (fall): 1–75.

Byrne, J. V. 2006. *Public higher education reform five years after the Kellogg Commission Report on the Future of State and Land-Grant Universities*. <http://www.nasulg.org/Kellogg/KCFiveYearReport.pdf>.

Chavkin, D. F. 1997. Fuzzy thinking: A borrowed paradigm for crisper lawyering. *Clinical Law Review* 4 (fall): 163–94.

Costonis, J. J. 1993. The MacCrate Report: Of loaves, fishes, and the future of American legal education. *Journal of Legal Education* 43 (2): 157–97.

Duquette, D. N. 1997. Developing a child advocacy clinic. *University of Michigan Journal of Law Reform* 31 (fall): 1–32.

Feldman, M. 1985. On the margins of legal education. *New York University Review of Law and Social Change* 13 (3): 607–46.

Genty, P. M. 2000. Clients don't take sabbaticals: The indispensable in-house clinic and the teaching of empathy. *Clinical Law Review* 7 (fall): 273–86.

Golick, T., and J. Lessem. 2004. A law and social work clinical program for the elderly and disabled: Past and future challenges. *Washington University Journal of Law and Policy* 14: 183–208.

Kellogg Commission on the Future of State and Land-Grant Universities. 1999. *Returning to our roots: The engaged institution*. [http://www.nasulg.org/publications/Kellogg/Kellogg1999\\_Engage.pdf](http://www.nasulg.org/publications/Kellogg/Kellogg1999_Engage.pdf).

Kuehn, R. R. 2000. Denying access to legal representation: The attack on the Tulane Environmental Law Clinic. *Washington University Journal of Law & Policy* 4: 33–147.

Langdell, C. C. 1871. *A selection of cases on the law of contracts*. Boston, Mass.: Little, Brown.

Meenan, H. 2005. The future of ageing and the role of age discrimination in the global debate. *Journal of International Aging, Law and Policy* 1 (fall): 1–41.

Pearson, K. C. 2004. The responsible thing to do about “responsible party” provisions in nursing home agreements: A proposal for change on three fronts. *University of Michigan Journal of Law Reform* 37 (3): 757–90.

Pearson, K. C. 2006. Continuing care retirement communities, state regulation, and the growing importance of counsel for older adults and their families. *Pennsylvania Bar Quarterly* 77 (3): 172–83.

Scarneccia, S. 1998. The role of clinical legal programs in legal education. *Michigan Bar Journal* 77 (July): 674–77.

Spanier, G. B. 2004. The engaged university today. *Journal of Higher Education Outreach and Engagement* 10 (1): 7–13.

Tokarz, K. 2003. Promoting justice through interdisciplinary teaching, practice and scholarship. *Washington University Journal of Law & Policy* 11: 1–10.

Trubek, L. G., and J. J. Farnham. 2000. Social justice collaboratives: Multidisciplinary practices for people. *Clinical Law Review* 7 (fall): 227.

## About the Authors

- Katherine C. Pearson is a professor of law and the director of the Elder Law and Consumer Protection Clinic at the Dickinson School of Law of the Pennsylvania State University. She has published numerous articles on elder law, family law, and conflict of laws for academic legal journals and professional publications.
- Lucy Johnston-Walsh is a clinical professor and the director of the Children’s Advocacy Clinic at the Dickinson School of Law of the Pennsylvania State University. Her own interdisciplinary background includes social work in Virginia and as a lobbyist for children’s issues at the state and federal levels.